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TREATMENT OF COMPOUND AND OBLIQUE FRACTURES.

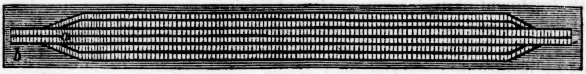
[Communicated for the Boston Medical and Surgical Journal.]

The treatment of bad compound and oblique fractures has ever been very difficult and perplexing to the surgeon, and often unfortunate to the patient, who, finding himself lame or with a distorted limb, has sought redress by prosecuting the surgeon; hence, vexatious law suits, great loss of property, loss of reputation, &c., and that often very unjustly. May not some of the first characters in the profession, in their zeal to suppress quackery, have gone too far? The popular opinion in general is quite too strong in favor of the patient, while they show but little sympathy towards the surgeon, because they do not know the extreme difficulty or impossibility of making good limbs always in the very worst of cases, nor the difficulty of making everybody and everything do as they should. This is all out of sight when the patient appears in court and presents his naked limb to the jury. There is not a greater desideratum, says John Bell, in modern surgery, than the treatment of oblique fractures.

For many years I have experienced great difficulty in the treatment of bad oblique and compound fractures. I have used Gooch's apparatus, Bell's, Desault's, and several others; and notwithstanding all the care I could take, the patient's limbs have been galled. The patient, if hardy, may bear distension very well for two or three days, while twenty or even five days would be insupportable, even in machines in which we could regulate the distending force at pleasure, and at times altogether discontinue it; there was no difficulty in making distension, but the great trouble was to get the patient to bear it. Though I had leather belts, made of the softest and best of leather, and stuffed with wool, yet when sufficiently straight it obstructed the circulation, and ulceration, &c., was the consequence. In sound limbs, where the circulation is good, such distension might be borne with but little difficulty; but in limbs where the circulation is extremely languid, where mortification blisters have made their appearance, or even some parts of the limb, perhaps, have mortified, unequal pressure on any point or points would be extremely hazardous. The difficulty is, the pressure is too much in one point or in several points. I thought of the laced stocking, India rubber, &c., but this would amount to about the same thing. One day, viewing Benjamin Bell's many-tailed bandage, as laid down in his book of plates, it occurred to me that if it could be made to adhere firmly to the skin, some application might be made to it so as to prevent contraction of the muscles, and consequent shortening of the limb. I thought of spreading the bandage with plaster, but doubted whether I could make it adhere sufficiently firm to make the distension; so I made use of a many-tailed bandage spread with the best and most adhesive plaster I could get, and found it to answer the purpose well; but I have since found that simple diachylon is sufficiently adhesive, and I use it in all cases, both in summer and winter, and it makes no difference, the temperature of the body being always about the same.

Fig. 1 represents a spring for oblique fracture of the thigh bone, or bones of the leg.

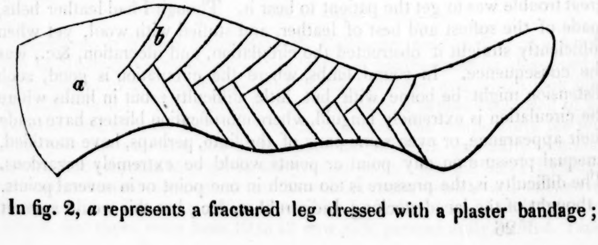
Fig. 1.



When used for the thigh, it should be about seventeen inches long, and for the leg it should be three or four inches shorter. *a*, represents seven spring steel wires, about the size of those used for knitting needles, and which by splicing might answer when other steel wire cannot readily be obtained. These wires are firmly wove together by strong linen thread. *b*, represents the steel wires firmly sewed on a strong stilk ribbon, which should be about one inch wide. In fractures of the thigh the outer spring should be twisted towards the end where it lies above the trochanter major, and on the os ilium; the inner spring likewise should be twisted and turned up a little where it rests on the pubes.

Dr. Samuel Smith, of Bristol, N. H., made me a present of the following-described instrument, which I sometimes use in fractures, for the front spring. A spiral wire inclosed in a tin tube, about one third of an inch in diameter, which is soldered on to a tin plate one inch wide and two long; a cylinder is received in each end of the tube, on which the spiral wire acts, and is capable of distending them about one inch. To each of these cylinders a strap and buckle is attached, as also for the wire springs.

Fig. 2.



In fig. 2, *a* represents a fractured leg dressed with a plaster bandage;

b, the many-tailed plaster bandage. There should be three springs; one on each side, and one on the fore part of the limb; the springs may be fastened at each end, with stiff pins, to the plaster bandage, and a many-tailed bandage of flannel applied over the whole; or a small buckle may be fastened about three inches from the lower end of each spring, and a pliable leather strap sewed to the plaster bandage under the springs, which is to be doubled over their ends, and its end brought through the buckle on the spring, and buckled, which may be made straight or slack from time to time as occasion may require.

In regard to splints, some prefer pasteboard wet and moulded to the shape of the leg; others leather, others the wooden boot, others bundles of straw, and others no splints at all; they may all do in most cases. No doubt a limb may be so moulded in a firm hair matrass or bed, when the patient is constantly under the eye of the surgeon, as in most cases to do well; but to adopt such a method in country practice, would very certainly be attended with bad consequences.

In cases of simple transverse fracture, the wooden boot answers every purpose, if well made; and so may the leather boot, &c. We may get along with almost anything or almost any how, in favorable cases; that is, if we understand the nature of fractures, have good nurses, tractable patients, and mind what we are about. But in bad compound fractures, crushed by wheels or trees, or torn by machinery, &c., where the inflammation runs high, with twitching of the muscles, tendons, &c., everything should be put in the best possible condition. About forty years ago, the mode of dressing fractures was, for two stout men to raise the leg or thigh from the bed and distend it forcibly, while the surgeon applied his washes, ointments, &c., and finished by applying a roller over the limb, and over that from three to five stiff splints, wound with tow, which were secured by strong ligatures. The pressure was such that in bad cases I have seen the circulation obstructed, so that the flesh mortified and sloughed to the bone, where the splints bore the hardest (at the ends). When great violence has been done to a limb, it should not be lifted at all. The splints should be so constructed as to open like a book; and so should all the dressings, and that by gently rolling the limb we can come to any part of it, as occasion may require, for every part of the limb in bad cases may require some attention. When the circulation is languid, rubefacients, as rubbing with the hand or some liniment, is very useful, and may prevent mortification. Gentle pressure with a bandage helps the circulation, and allays the inflammation; wetting the bandage once or twice a day abates the heat. Judicious management in this manner almost always removes the inflammation; and although the violence may be such as to disorganize considerable portions of the limb and cause mortification, yet the limb often may be saved. There are cases, however, that may be considered as hopeless; viz., when the but of a heavy tree (in falling trees) comes directly on the foot or leg, the injury to the soft parts is such that extensive gangrene almost always follows.

The splints which I have used in bad fractures of the leg are made of pasteboard, lined with the softest of sheep skin, which is glued to the pasteboard.

FIG. 3.

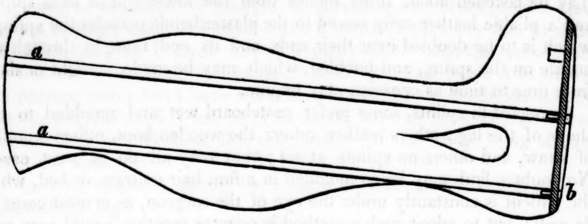


Fig. 3 represents a splint for the leg, which is composed of pasteboard lined with leather; it should be soft, and long enough to reach from the sole of the foot to four inches above the knee-joint; there should be two, one on each side of the leg, and should cover three fourths of the leg; but in this particular it may be varied as circumstances require. When we apply the springs, one before and one on each side of the leg, about one half or all the fore part of the leg should be uncovered, by the splints, which may be trimmed off, or sometimes turned back, as the case may require. There should be a sole to the boot considerably larger than the foot, to keep the boot from galling the foot and ankle. There should be three mortices in the lower part of the boot, through which three ligatures are passed to confine the sole of the boot to its place and support the foot. A place should be cut in the lower part of the splint for the ankle. A firm piece of sole leather, lined with pasteboard, should be fastened to the boot to support the foot. *a*, *a*, two very slender splints of wood, three fourths of an inch wide, and about one twelfth of an inch thick, sewed on the splints to make them more firm. *b*, a third splint, sewed on the foot part of the splints to make them more firm. The bed should be firm and unyielding; otherwise it will sag in the middle, and be liable to make the limb shorter and distorted; for which reason I usually put two boards under the under bed, reaching from head to foot, on which the patient lies. The foot is liable to fall from its proper position, and I therefore nail a board to the foot of the bed, reaching from post to post, to which should be nailed two upright pieces, which makes a box somewhat wider and higher than the foot, for it to rest in, and to prevent the bed-clothes from pressing on it. Particular attention should be paid to the heel, and see that there is not too great pressure on it, and the circulation thereby obstructed. Unless the foot and lower portion of the bones are properly supported, the lower portion is dragged from the upper by the weight of the foot, and settles lower, and consequently the shin bone becomes prominent and pointed, and the limb more or less crooked. Likewise the foot, unless properly supported, is liable to take a wrong position as respects the leg, and turn in or out more than it should.

The mode of dressing as above described may appear tedious and perplexing, but it is not so in fact. It requires about two hours to dress the leg and apply the plaster bandage, and about four hours to dress the limb from the points of the toes to the spine of the ilium.

But a flannel roller in fractures of the femur may be applied from the points of the toes to the knee, and a belt of soft leather stuffed with wool may be applied over the hips; although the mode of dressing with the plaster bandage is not much more tedious than any other method, and perhaps not so much so as some others. Yet it is not designed except in the worst of cases, when all other methods, as far as I have had knowledge, have failed. In dressing with the plaster bandage, the distending force acts equally, or very nearly so, on the whole surface of the limb. When pins are used, from two to three inches of each end of the springs are fastened to the plaster bandage; but when straps and buckles are attached to the springs, the straps are sewed to the plaster bandage the whole length of the limb, except about three inches immediately over the fracture. It may be objected that in compound fractures we cannot have access to the wound. This may be necessary, or it may not. In case it should be necessary, we can without much trouble turn up two or three straps of the many-tailed bandage. But I often do not move the bandage from ten to fourteen days. When there is reason to expect high inflammation, I put the limb in the best position I can, and apply the splints as before mentioned, and wet the inner bandage as often as the case may require, till the inflammation abates, and then apply the plaster bandage, the pressure of which, in passive inflammation, is about equal, or nearly so, to that of the skin; and, with gentle rubbing over the bandage with the hand, this is in some cases the best application; but should stimulating rubefacients be thought necessary, the plaster bandage may be opened and the applications used from time to time; or the plaster bandage may for a short time be removed, and a many-tailed bandage, without being spread with plaster, applied.

It has often been said, as I have witnessed, both by the patient and his friends, and even by the surgeon, that in such desperate cases, if the life of the patient could but be saved, it was all that we ought to expect; and of course the case is too often treated accordingly. But the patient, his friends, and the surgeon, generally feel very different when he begins to hobble about with a lame and distorted limb; and especially when other members of the profession tell the patient that his misfortune is altogether owing to neglect or want of skill in the treatment; and when others, who have had fractured limbs, which, as they will often say, were as bad or even worse than his, are now completely restored. What could be more wounding to the feelings of the surgeon, or better calculated to rouse the bitter reflections of the patient? However well we may have treated the case of our patient, our practice may be condemned by those who in justice and from duty are in honor bound to exculpate us. For this evil I know of but one remedy, and that is an approving conscience.

P. S.—Dear Sir,—In 1841 I forwarded to you my remarks on influenza and kindred diseases. It was then my intention before this time to have written to you further on that subject. But a severe fit of sickness, which afflicted me in June and July, 1842, prevented my writing about that time. And since then, having been considerably concerned in the treatment of fractures, some of which were of the very worst kind; and seeing much evil and misfortune arise from want of an efficient mode of treatment, I was induced to make you this communication respecting a method of managing such fractures, which I can recommend from an experience of more than thirty years. Circumstances permitting, I shall endeavor to write to you further on fever, &c. Yours, &c.

Franklin, N. H., Dec. 28th, 1843. JOB WILSON.

CASE OF SCROFULOUS ULCERATION OF THE KIDNEYS.

[Communicated for the Boston Medical and Surgical Journal.]

EPHRAIM NORWOOD, carpenter, æt 41; of temperate and industrious habits; scrofulous constitution. During ten months previous to July, 1842, suffered occasionally from pain in the region of the kidney, with swelling and redness; dysuria; sediment of the urine the same as in inflammatory diseases generally. He was flattered and deceived by a number of the most notorious scoundrel quacks that infest the community, and took the nostrums which their fertile minds suggested, from cow's urine to tar pills and muriatic acid. The acid always created the most severe paroxysms, yet he was assured it was dissolving stones in the kidney.

Dr. Coffin was called in the summer of 1842. Paroxysms severe; redness and swelling over the kidneys; much strangury; mucus, and puriform and bloody matter with the urine. Diagnosis, disease of the kidneys; sediment is variable, and insufficient to indicate calculi with any certainty. Drs. Gould of Lynn, Peirson and Holyoke of Salem, coincided with Dr. C. Gave alkaline remedies; morphia to alleviate paroxysms. Regimen, antiphlogistic.

Dr. C. having been taken sick, I was called, February 3d, 1843. Paroxysms are excruciating, endurable only with morphia; continue from one quarter to three quarters of an hour; intervals from one to two or three days, during which, is quite comfortable. Bloody, purulent, and membranous matter in the urine. Dysuria and strangury. Sediment lateritious; urine high colored. Pulse in the interval, 85; in the paroxysm, 95 to 110. Appetite variable; bowels costive; countenance pale, haggard, indicative of great suffering. Unable to lie abed, body being constantly flexed. Prognosis unfavorable. Diagnosis, disease of the kidneys; nothing sabulous being in the sediment, was not confident of stone. Ordered alkaline medicines, with diuretics. Continue morphia; emplastrum and embrocations over the kidney.

March.—No better; constitution sympathizes. Continue same medicines, slightly varied. Food, unstimulating and nutritious. Is examined by a clairvoyant, who pretends to discover calculi in the kidneys, giving their shape, color, size, consistence, &c. Says he will have one more paroxysm, and then recover.

April.—Is much the same; disease is making inroads upon the constitution.

May.—Goes out little; micturition almost constant; urinary discharges the same. Another magnetized clairvoyant subject examines Mr. N. Discovers calculi, but differs in description from the preceding. Says he will recover. Recommends bal. copaiba, oyster shells, &c.

June.—Failing fast. Sediment the same in quantity and quality. Another disciple of Mesmer consents, in great kindness, to describe the progress of his disease. Discovers calculi in the kidneys, and also one in the ureter, giving it the appearance of a serpent after swallowing a toad. Ordered tonics; continue diuretics.

July.—Is attacked with the influenza, which augments his sufferings and racks his constitution; is sensible of his situation.

August.—Failing rapidly; throat ulcerated; mouth filled with sordes; swelling over the kidneys, the same tenderness and redness along the course of the ureters; sediment and urine the same; micturition constant; much strangury; delirious; pulse 120; sinking; dies Aug. 22d.

Autopsy, twenty hours after death, attended by Dr. Prescott, and other gentlemen. Much ecchymosis; great emaciation and anemia; abdominal muscles tense and collapsed; liver slightly enlarged, color nearly normal; stomach normal; mesentery highly injected and dark; small intestines dark, nearly gangrenous, and extremely fœtid; right kidney one third larger than natural, its medullary portion occupied by numerous cavities, from a pea to that of a walnut in size, completely filled with pus and crude, cheesy, tuberculous matter; an ounce of urine in the pelvis. The left kidney enlarged; ulcers less in number and size; contents the same as the right; portion of it not ulcerated thickly studded with small tubercles. Ureters slightly enlarged and highly inflamed, containing minute particles of purulent matter. Bladder contracted, adherent to the symphysis pubis; containing six ounces purulent fluid; mucous coat partially ulcerated, and covered with a layer of lymph nearly gangrenous. Psoæ and quadratus lumborum muscles, with the contiguous vessels, dark, approaching gangrene. No sand, gravel or calculi to be found; and considering the nature and extent of the ulceration of the kidneys, with the almost entire want of sabulous sediment in the urine, the unavoidable conclusion is, that calculi never existed in the kidneys, notwithstanding they were distinctly seen thrice by clairvoyant subjects of superior power. James M. Nye, M.D.

Lynn, Jan. 11, 1844.

VISITS TO MEDICAL SCHOOLS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have just returned from a tour among some of the medical schools of our country. I spent several weeks in Philadelphia, in attendance on the lectures at the Jefferson Medical College and the Pennsylvania University. I was well pleased with the systematic order in which everything is managed in those schools. The University has rather the largest class; but the Jefferson bears a very honorable comparison with this ancient and deservedly popular institution. Their classes number over six hundred, of very fine-looking young men. Their Faculties are constituted of high-minded, intelligent gentlemen, possessing generally a happy aptness in communicating instruction. I was particularly struck with the inimitable powers of Prof. Dunglison, of the Jefferson School—not only with his manner of dissecting his subject (physiology) in detail, but with his singular tact in furnishing subject of thought—that is, making general principles clear, and leaving the student to trace out the effect from the cause.

The public charities of Philadelphia are worthy of her kind and benevolent community. The Pennsylvania Hospital, in the heart of the city, though not very extensive, is very well conducted, and dispenses a vast amount of good to mankind. The Philadelphia Hospital, Blockley, situated on the Schuylkill, a little out of the city, and in connection with the Almshouse, is a very extensive establishment and well managed; besides its regular House Physicians, the Faculties of the University and Jefferson schools, each, every week, exercise a clinical supervision over one half the wards—thus extending to all its unfortunate inmates the benefit of the most skilful treatment.

Among the charities of Philadelphia I cannot avoid to make honorable mention of the Wills Hospital, an institution devoted entirely to the treatment of diseased eyes. It was built and is sustained by the munificence of the late Mr. Wills, of Philadelphia, who was of the class of Christians called "Friends." Its managers are "Friends," and it is in fact a most excellent institution—a "Friendly" affair indeed.

I spent several weeks in New York, among the medical schools and charities. About five hundred students are in attendance there this winter. The Faculties are constituted of gentlemen of a very high order of intelligence and learning; and no pains is spared to make the lectures interesting and profitable to the student. The surgical clinics of both schools are rich in point of practical interest, and dispense great blessings to the poor, who resort to them for advice and operations. The hospital provisions of New York are upon an extensive scale, and admirably conducted.

The Albany Medical College is also justly counted among the distinguished medical schools of the land. Its Faculty evince a high order of talent and great industry. The surgical clinics are of great utility to the afflicted, and of singular practical value to the class.

The anatomical museums of these several Institutions are very extensive; exhibiting a vast variety of preparations well adapted to facilitate the student in his scientific inquiries. The museum of the Pennsylvania University stands No. 1, and that of the Albany Medical College will bear comparison with any of the rest. It is not only extensive and rich n its variety, but is arranged in most beautiful order. The facilities for studying practical anatomy are abundant in all these schools. Clubs of four or five usually *study* over one subject, and there is no lack of material. Indeed, sir, I am disposed to indulge a glow of national pride, as I contemplate the high and noble stand our medical schools have taken in the cultivation of medical science. I think the most ambitious student, instead of crossing the Atlantic to study medicine, has but to avail himself of all the privileges available in our own country, to become skilled in the highest of all callings—the healing art. With high consideration,

North White Creek, N. Y., Jan. 18, 1844. Yours, &c.

Henry C. Gray.

THE LATE DR. EBENEZER HUNTINGTON, OF VERMONT.

[Communicated for the Boston Medical and Surg. Journal.]

[The following biographical sketch of Dr. Ebenezer Huntington, late of Vergennes, Vt., was read at a recent meeting of the Addison County Medical Society, by Dr. Jonathan A. Allen, and was voted by said Society to be published in the Boston Medical and Surgical Journal.]

Preliminary Remarks.—The influence of example is extensive and commanding. This is strikingly true whether the example has a salutary or pernicious tendency. On account of the strong disposition to imitation, implanted, as it were, in human nature, the propriety of reading fictitious writings, in which the hero of the story, though vile, is often concealed under a tinselled attire, has with much propriety been questioned. The reading of the poetic effusions of Burns and Byron, and the like, certainly has more tendency to vitiate than to improve the moral sensibility. Sketches taken from valuable and commendable realities are appropriate and desirable on every occasion ; more especially, to medical men, must the history of those members of the profession be interesting, who have by their amiableness of character or superior merit worked their way to honorable eminence. Volney has remarked that "Biography is the only kind of history that is proper for young persons." If this be true, in any sense, it should obviously be confined to meritorious instances. Dr. Johnson has said, "No species of writing seems more worthy of cultivation than biography, since none can be more delightful or more useful: none can more certainly enchain the heart by irresistible interest, or more widely diffuse instruction to every diversity of condition." Biography teaches by example, and that example becomes more impressive the nearer it approaches us, our friends, acquaintance or time. Hence, to the members of this Society and to many individuals in Vermont, it cannot fail to be a subject of interest to bring to their notice a brief sketch of the late Ebenezer Huntington, M.D.

Sketch.—Ebenezer Huntington, the subject of this memoir, was born in Windham, Conn., May 1st, 1763. His father was a practising physician in that place, but subsequently entered the ministry, and was afterwards settled in Worthington, Mass. Ebenezer, before he arrived at the age of 21, commenced the study of medicine with Dr. Bradish, of

Cummington, in his adopted State. Having completed his pupilage with his instructer, he commenced the practice of his profession in Chesterfield, Mass., at the early age of 22 years. After having remained in that place two years, he removed to Vergennes. To this place he came in January, 1789. At this time the place was new, and contained only one framed house. The inhabitants were sparsely scattered over the adjacent country. For some years, Dr. Huntington, as he once told the writer of this article, was one of the three physicians only, who then resided on the west side of the Green Mountains within the precincts of Vermont. Consequently his ride was very extensive; his labors and exposures as a practising physician were excessively trying and fatiguing. But he engaged in those labors, and encountered the severe trials incident to his profession at this early period, with a resolution seldom surpassed and truly commendable. He appeared to enjoy himself most when he could most relieve the sick. His constant desire to relieve the sick and suffering is well remembered by a large circle of surviving friends. His constant readiness to endure fatigue and privation, either by night or day, to relieve pain and disease, is a trait of character well deserving special commendation.

His professional opinions were always expressed with candor, frankness, and free from ostentation; and if, on any occasion, he committed a mistake, his ingenuous and honest avowal of it could not fail to excite in the breast of every one sentiments of admiration for his honesty of purpose. It is believed, however, that his mistakes were as rare and his imperfections as few as usually fall to the lot of man. In his family he was a sample of excellence. Few if any instances can be found in which all the endearments of domestic life appeared to be enjoyed with such perfection. In the social circle he was humorous, remarkably happy in the narration of anecdotes, and always avoiding, with the most scrupulous exactness, everything which bordered on vulgarity.

By his good judgment, kind feelings and courteous deportment, he acquired and retained, in an eminent degree, the confidence and good will of all who knew him. He was emphatically "*the poor man's friend.*" He continued in the practice of medicine at Vergennes nearly forty-five years. He became extensively and favorably known, and was regarded as a safe and successful practitioner

Few men have enjoyed such opportunities to amass an estate as he; and yet he was content with a handsome competency. In reply to the inquiry, why he did not collect his dues, he said, "*I never could find time.*" His time was not his own. It was devoted to the glorious purpose of doing good to the afflicted. He was fully conscious that the more charity, compassion and condescension with which he treated the poor, the nearer he approached to the greatest and highest of glories—an imitation of his adorable Saviour.

For a considerable period he was President of the Vermont State Medical Society. And, subsequently, for a series of years he was President of the Addison County Medical Society. In 1826, being recommended by the Faculty of the Vermont Academy of Medicine, now the

Castleton Medical College, the honorary degree of Doctor in Medicine was conferred on him by the Corporation of Middlebury College.

For many years he was an active and efficient member of the Congregational Church at Vergennes. He died December 4th, 1834, aged 71 years. His last moments were moments of peace. He gave the most cheering evidence to all who witnessed his departure that the Divine Redeemer, the great Physician of souls, in whom he trusted in life and health, was his refuge and support in death.

RECOVERY FROM INSANITY PRODUCED BY DIFFERENT CAUSES.

[Dr. Wm. M. Awl, Superintendent of the Ohio Lunatic Asylum, speaks as follows of the proportionate recoveries in that institution from insanity arising from various causes.]

First.—Of the intemperate class. Here the inequality in the different sexes is very striking, and it is pleasant to observe that there have been but two females insane from this deplorable cause in the whole thirty-five cases recorded since the opening of the institution. Cases of *delirium tremens* are never sent here, and we make no calculations in our tables in regard to them. In insanity from intemperance the recent cases generally recover, when age and other circumstances are not unfavorable. Those of a chronic character very seldom get well; there being too much waste of the constitution and impairment of the great powers of life. It will be gratifying to the friends of humanity to perceive that the number of admissions from this unhappy cause is clearly diminishing. Only four were received in the last year.

Second.—The disparity of cases in the different sexes, from domestic afflictions and troubles, is also worthy of remark. Of fifty-four cases admitted to our care, and suffering from mental diseases, from causes of this nature, forty-four were females, and but ten males.

Third.—Ill health. It is admitted by every one conversant with the subject that this greatly favors the predisposition to mental derangement, and all the causes which are known to excite the disease operate with more certainty when the health and strength are impaired. The proportion of recoveries in this class is nearly equal in the different sexes. A still larger number might properly be set down under this head, including a portion of those recorded in the next class.

Fourth.—Religious causes. The number of cases supposed to be owing to religious influence has been something less in the past year. In relation to this subject we think it proper to remark, that the cases reported under this head should be received with some allowance, for great care is necessary in order to distinguish between cause and effect in relation to the influence of religious feelings upon the development of mental disorders. In this respect our experience in this institution fully sustains the remark of Dr. Prichard:

"The circumstance that the mind of a lunatic is occupied during the period of his disease with ideas and feelings connected with an invisible world, is no proof whatever that the derangement of his understanding was produced, in the first instance, by impressions related to the same subject. To a mind already prepared by disease to indulge fearful and gloomy forebodings, the unknown future opens a wide field which the imagination is likely to select, and it often dwells upon the evils which it anticipates in another stage of existence, when the original cause of derangement has been some misfortune (or vice) of the present life, or, perhaps, some merely physical influence."

There is no doubt, however, that incorrect views of the great interests of eternity may occasion such anxieties as to really give rise to disorders of the mind; as the greatest and best gifts in life may be perverted and abused by erring man.

Fifth.—From mental distress in consequence of disappointed ambition, disappointed affection, indulgence of temper, &c., 51 cases are reported; of these 21 have recovered, which is over 41 per cent.

Sixth.—Of all the forms of insanity the epileptic is certainly the most hopeless and severe. They are a highly excitable, troublesome and dangerous class of mad folks, and very few have been known to recover, either in this or any other institution within our knowledge. In some hospitals we believe they are excluded altogether, on account of their impulsive violence and the very unpleasant effects of their paroxysms upon other patients. We look upon the epileptic with great compassion. Many of them exhibit the best traits of human nature during their lucid intervals, but at other times they are perfectly uncontrollable, disregarding alike both friends and foes, and we know of no class more dangerous to go at large.

Seventh.—In regard to the "secret vice," the prospect is nearly as bad. This degrading practice is quite a frequent cause of mental imbecility and insanity, and very few recover either their bodily health or serenity of mind. Upon this subject we have reason to believe our annual reports have been serviceable to community, having been frequently consulted in the past three or four years by those who appeared to be entirely ignorant of the injurious effects of this habit, until their attention was arrested by reading our remarks. The interest of parents and the guardians of youth has also in some degree been awakened to the fearful influence of this secret indulgence, upon both physical and mental health.

Eighth.—Of those unknown, probably a large proportion have their origin in physical causes.

SPERMATORRHŒA.

[Something of a controversy has lately been carried on in the English medical journals, respecting the causes of involuntary discharges of semen, or, as it has been called by writers in this Journal, *gonorrhœa dormientium.* The principal question has been, whether prolonged continence is one of the causes of the disease, if it may be so called. One writer (Dr. Bull), in the London Lancet, has maintained that it is not a cause, on the ground of morality and religion, as the laws of physiology are not, and cannot be, opposed to those of morality. No less than five answers to Dr. B., maintaining the other side of the question, have already appeared. Most of these writers take the same view of the subject that was taken by Dr. Knowlton, in the 27th volume of this Journal, though some of them go much farther than he did, needlessly and unwarrantably we think, and speak even of illicit sexual intercourse, in certain cases, where early marriage has not been contracted, as a suitable preservative of health, "a necessary evil," and preferable to masturbation, the only other alternative. We copy some of their remarks, omitting parts which are most objectionable. Mr. Chatto says—]

That the great Author of our being created man with a physical constitution in nowise militating against his moral nature, I, for one, cheerfully accord, and if it were not for man's interference, no appearance of discrepancy would ever exist. Physiology clearly indicates that the sexual organs should perform their proper functions, like any other organs, and all analogy teaches us that where this is not the case some evil must result. An organ unexercised remains insufficiently developed, or falls into more or less decay. This would be bad enough considered only in reference to the organ itself; but such atrophy necessarily re-acts on the system, and deprives it of a portion of its proper energy or character, as we see in the case of emasculated men and animals. But nature does not always so quietly submit to this transgression of her laws, and multitudes of instances prove to us that if the generative organs be not exercised in the natural manner, they will become so in a vitiated one; and I am quite convinced that onanism has arisen in numberless cases from either the circumstances, modesty, or moral feeling of its unhappy subjects, having prevented them, at the age of puberty, having resort to female intercourse. It is sheer nonsense, when by reason of the artificial state of society in which we live (which utterly prevents, in multitudes of cases, marriage at a marriageable age, as clearly indicated by nature), we violate one of the principal laws of physiology, to declare that it is impossible that evil could result from this, because such evil would lead to immorality. The laws of nature are universal and permanent, and will not bend and twist themselves according to our artificial and unnatural usages.

It is usually an injudicious course for a medical man to condemn any physiological tenet, merely because it appears, from the imperfect view taken of the consequences to which it may tend, that it may be immoral. Such deductions have ever arrested the path of science, from the time of Galileo to that of Gall. Let inquirers into medical science content themselves with establishing the truth as ascertained by inductive reasoning, founded on a sufficient number of facts. Let them leave to others the office of reconciling truths, so ascertained, with prevailing practices, adverse, perhaps, to morality, but flowing, not from the decrees of an all-wise Creator, but from the unnatural social arrangements of society.

[Mr. Lewis argues in a similar manner. We can find room but for one paragraph.]

Now, although I do not agree with Dr. Bull in believing that continence cannot ever give rise to the presence of inordinate seminal discharges, or be otherwise obnoxious to the general health, but, on the contrary, that moderate sexual congress is required to preserve the health, still I cannot either advocate the practice of onanism, or justify fornication. The latter tends greatly to the demoralization of the human species, and is frequently followed by the most wretched ailments. It aims a death blow to the two great pillars of human society—marriage and parental care. No man either, who endeavors to act up to the precepts inculcated in the New Testament, can consistently or quietly recommend it. Can any believer in Christianity advise his fellow man (more particularly when he is suffering from a most distressing malady) to spurn the dictates of his Maker to follow the courses of Mammon? But, say others, is he, then, miserably to pine away and perish? I answer, no; let him rather marry, and "eat the bread of carefulness."

[Another writer, under the signature of "Amicus Veritatis," has some judicious remarks on the subject of early marriages.]

There are those, Mr. Editor, who think, with Malthus and his followers, that population has a tendency to outrun the means of subsistence, and they therefore exert all the methods and arguments in their power to check marriage, particularly early marriage, and with it, as they suppose, increase of population. I confess that I am not one of these *progeno-phobists.* It may be true, indeed, that many districts in Great Britain are over-populated, and that there misery and destitution often prevail to a lamentable extent. But I apprehend that the primary cause of these evils is less to be sought for in early and (so considered) imprudent marriages, than in circumstances that have been anterior to these. But laws and excessive taxation have long weighed down the great mass of the people of this country, and have, doubtless, deteriorated the race, as the inferior development of much of the factory population too amply testifies. Give them cheap bread. Remove some of the burdens that press on them! Afford them *a chance* of doing something more than live from day to day—of acquiring a few worldly possessions—and the love of property will soon begin to exert itself so as to interpose the "moral check" that the Malthusians advocate, and to lead the artisan to substitute other aims for the sexual pleasure and other base indulgences which he now plunges into in sheer despair of ever being better off. But whether or not excess of sexual indulgence be a cause of increase of population, it is not proved—nay, I believe it may be positively denied that early marriages are, on an average, attended with a larger progeny than others. But supposing, for the sake of argument, that a larger progeny resulted from early unions than from those formed later in life, it must be obvious to the physiologist that the offspring of the former will be endued with the better organization. The true aim of the medical philosopher and the far-seeing politician is not to hinder marriage and increase, but, in their several ways, to *promote the formation of healthy organisms.* It is not the abundance of population, abstractedly considered, that is to be eschewed, but the superabundance of an unhealthy, mal-organized, half-fed, and emaciated offspring of impoverished factory-laborers—the perpetual sport of the fluctuations of trade. It is such a progeny as this, one of helpless beings, too feeble in body and mind to provide through life for their own wants—a progeny the result of laws that are made for the rich at the expense of the poor—it is such beings that make the weakness of a country, and puzzle its rulers to find a subsistence for them. Of a full-bodied, well-formed, healthy population—those endued with active vitality, a muscular frame, and a well-developed brain, and, consequently, well adapted under all circumstances to provide for their own wants and well being—of such, a country can never have too many.

It can scarcely need to be argued that such a population, a race freed from debility in any of the organs, is most likely to descend from parents in the bloom of life. A race procreated in the vigor of manhood, and not in the decline of life, or *premature senility*, might clearly be expected to possess sexual (as, indeed, all other) organs of a more healthy tone; and the tendency of early marriage to check or avert spermatorrhœa and such like evils would manifest itself alike on an individual and on his progeny. In another generation—one endued with a frame in which the organs of vitality (organic life) are subordinated to the government of a firm will and a well-developed brain—the malady of spermatorrhœa and the vice of onanism would scarcely have to be combated.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 31, 1844.

*Human Anatomy and Physiology for Schools.**—Dr. Lane, the translator of Edwards's Outlines of Anatomy and Physiology, has completed a neat, well-arranged duodecimo for the use of common schools, which will no doubt be appreciated by an intelligent community. He is a lucky man who finds anything new in either of these departments in this old age of the world, particularly as it regards demonstrative anatomy. In writing for young persons and children on these subjects, the merit consists principally in making one's self clearly understood. It strikes us that the author has certainly achieved a desideratum in this respect.

There are already several works on sale, avowedly written for the same good object—the instruction of those educated in common schools. Some of them are in favor, and some are not. They are pretty much like prominent politicians—sometimes popular, and sometimes not so; although all acknowledge they may have talents, but they are not always in marketable demand. Dr. Lane must take his chance in that respect. For ourselves, we wish large sales for the book, with a good per cent. to his credit on the ledger of the publishers.

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* Human Anatomy and Physiology, for the use of Common Schools. By J. F. W. Lane, M.D., &c. Boston: Wm. B. Fowle & N. Capen. 1844. 12mo. pp. 223.

[Since writing the above observations, a literary and professional neighbor, for whose opinions, on all subjects, we entertain a high respect, has handed us the following paragraph, which is appended to our own with much pleasure.]

Although the author of this work very modestly disclaims all pretensions to originality, he certainly deserves high praise for the industry and judgment with which the compilation has been made. In preparing popular works on this subject, few scientific men are competent to omit every thing which to the interest and benefit of the general reader is not essential. It is easier to tell all that is known on a particular topic, than to select and condense the little which should be familiar to all. This task has been very happily accomplished by Dr. Lane, and we trust that on this account, and also from its neat typography, numerous engravings and low price, it will be universally adopted by our common schools, for which it is expressly designed.

Medical Examiner, Philadelphia.—Robert M. Huston, M.D., one of the Faculty of the Jefferson Medical College, has assumed the editorial control of the Medical Examiner, in the place of Dr. Clymer, who resigns the charge on account of professional engagements. Dr. Huston has a reputation that must have a beneficial influence on the interests of the Examiner. He remarks, in the first number issued under his supervision, that "the task has fallen upon him suddenly and unexpectedly." A man of his high attainments, however, can never be taken by surprise, and we shall look, with much pleasure, to his editorial progress.

Dental Intelligencer.—S. W. Stockton, of Philadelphia, is publishing, semi-monthly, a regular newspaper sheet, filled with literary and scientific articles. The editor's avowed object is to impart knowledge, through original essays and extracts from French, English and American authors, on dental surgery; also, to oppose quackery in every form and degree, so far as it regards surgical and mechanical dentistry. To accomplish this latter undertaking, Dr. Stockton will find he has a mountain to remove. People are so fond of employing cheap mechanics, cheap dentists and ignorant physicians, that no man can hope to change the current of vulgar sentiment, alone, in the nineteenth century. To the stationary dentist, this publication, which, after all, is a regularly-constructed newspaper, must be a gratifying messenger. Whatever important particular belongs to the art or the science of that profession, has place in its columns, and there is also an agreeable medley of matters and things in general.

Mortality of Boston in 1843.—An unusual degree of good health characterized our city the past year. No raging epidemic prevailed, either to alarm the people or sweep off the multitude to a premature grave. The whole number of deaths was 2197—which was by no means large, in proportion to the population, now believed to be considerably above one hundred thousand. Some of the prominent causes of mortality were as follows, viz.: consumption 249, diseases of the bowels 65, dropsy of the brain 85, typhus fever 72, scarlet fever 108, infantile diseases 142, stillborn

189, measles 43, inflammation of the lungs 59, diseases of the heart 34, convulsions 50, croup 52, and smallpox 53.

There is extreme care by the city authorities in maintaining an admirable system of street cleanliness; and so long as the same efforts are made to preserve the public health, Boston, we may hope, will continue to be distinguished for its freedom from those pestilential scourges, which occasionally sweep off multitudes in our southern cities.

Boston Catalogue of Medical Students.—The present year's catalogue is methodically arranged, and well printed. In no former season has the Boston school been so prosperous. There are one hundred and fifty-four names on this paper—an evidence of the growing influence of this old and well-established medical institution.

Tabular Report of the New York Gravel Infirmary.—They seem to classify human ills in New York more methodically than anywhere else. The idea of a *gravel institution* is a novelty, and, for aught we know to the contrary, may be an exceedingly useful appendage to civilization. The following statement was cut from a public paper. Whether it is distinctly a private enterprise, or a public charity, remains to be ascertained. —" Instituted for the *peculiar* treatment of urinary diseases, arising from disorganization of the kidneys, and functional derangement of the secretory system, producing stone in the bladder, gravel, and phosphatic eliminations, &c. From January 1, 1841, to January 1, 1844, number of patients registered, 526. Cured, 360; convalescing, 110; relieved, 35; died, 21. Total, 526."

Anatomical Mistake.—Mr. Editor,—In Dr. Atkinson's case of "Inguinal Hernia (reported in the Journal of Jan. 17) in a widow lady 69 years of age," I met with two items of great importance. 1st, That Mrs. W. had a *cremaster muscle*, which the Dr. brought *fully into view*, the fibres of which were carefully raised and separated sufficiently to admit a grooved director, &c. 2d, That the Dr. "resolved" and did "remove the *mesentery* with the scissors on several successive mornings, until the whole was removed, together with the sac." I would ask Dr. Atkinson if he will account for the existence of the *cremaster muscle* in the case of Mrs. W., and what is the probable condition of the *intestines* since he removed the *whole of the mesentery.*—I would advise the Dr. in future to report what he *sees*, and not what he *reads.* A. Gibson.

Jan. 23, 1844.

We noticed the anatomical error ourselves, but not till the Journal had been struck off. Presuming that the author of the communication would correct it himself at a convenient time, no further notice was taken of it. It is still our belief that it was nothing more than a simple mistake, committed in the hurry of writing the paper, and that it is by no means to be imputed to a want of an exact anatomical knowledge of the region he was describing.

Alleged Case of Poisoning.—Mention was made in last week's Journal, of an accusation brought against Dr. Bliss, of Maine. We notice in a newspaper that the charge was not substantiated, and that he is entirely innocent. It gives us much pleasure to be able to state this agreeable intelligence.

Medical Institution of Yale College.—The annual examination of candidates for medical degrees and licenses, commenced in the Medical Institution of Yale College on the 17th inst. and continued three days. Present, the full Board of Examiners; and on the part of Yale College, Professors Ives, Silliman, Knight, Beers, Hooker and Bronson.

The annual address to the candidates was delivered by Archibald Welch, M.D., of the Board of Examiners, and the valedictory address by Abner H. Brown, A.M., one of the candidates.

Eighteen candidates, who had attended two full courses of lectures, and complied with the other legal requirements, were admitted to the degree of Doctor in Medicine; and five, who had attended one course of lectures, received licenses to practise Physic and Surgery.

Graduates.—Garwood Hervey Atwood, B.A., Woodbury, on the "Advantages of general science to the physician." Nehemiah Banks, Hartford, on "Rubeola." Edwin Curtiss Bidwell, B.A., Will. Coll., Tyringham, Mass., on "the Pathology of Drunkenness." Nathan Taylor Bliven, of Exeter, R. I., on the "Importance of Correct Diagnosis." Abner Hartwell Brown, M.A., Dart. Coll., Lowell, Mass., "The Valedictory Address." Henry Lewellen Wakeman Burritt, New Haven, on "Animal heat, digestion and motion, not chemical action." Christopher Smith Fenner, Scituate, R. I., on "Lithotrity." Gershom Clark Hyde Gilbert, B.A., Wethersfield, on "Chorea." Norman Knox Johnson, Plainfield, on "Scarlatina." Austin Lord, South Coventry, on "The true Philosophy of Medicine." Wm. Strickler McCorkle, Columbia, Penn., on "Variola." George Anson Moody, North Haven, on "Iodine." Francis Allyn Olmsted, B.A., New Haven, on "the Use of Narcotics in the Treatment of Insanity." David Atwater Tyler, New Haven, on "Helianthemum Corymbosum et Canadense." Charles Lewis Uhlhorn, New Haven, on "Hydrocele." John Freme Wells, Hartford, on "Typhous Fever." Wm. Joseph Whiting, New Haven, on "Phymosis." Wm. Woodbridge, B.A., Hartford, on "Moral Influence in the Treatment of Disease."

Licentiates.—Henry Eugene Dibble, Sandy Hill, N. Y., on "General Diagnosis." Wm. Frederick Lacey, Brookfield, on "Cynanche Trachealis." Sidney Williams Rockwell, East Windsor, on "the Present Phases of Empiricism." Lucius Clark Walton, Lyon, Michigan, on "Congestive Bilious Fever." Asa Curtis Woodward, Northfield, on "Scarlatina."

Charles Woodward, M.D., of Middletown, is appointed to deliver the annual address in 1845, and Wm. H. Cogswell, M.D., of Plainfield, his substitute.

Death from Swallowing Lucifer Matches.—Dr. Shephard, of England, relates the following *post-mortem* appearances in a child, 2½ years old, who died in convulsions four days after swallowing the tips of eight lucifer matches.

"On opening the stomach, about half a wineglassful of mucus, intermixed with blood, resembling coffee-grounds, escaped. The mucous membrane of the stomach was, generally, highly vascular, and there was an abnormal quantity of mucus secreted and attached to the mucous membrane. There was an irregularly-defined space, covering about two inches in extent, of a florid red color, on the surface of which was a thick collection of mucus, intermixed with which was "coffee-ground" blood, presenting the appearance of having been simultaneously secreted. On holding the stomach to the light its vessels were seen to be generally much dilated. The most singular appearances were in the intestines. They were such as I can account for only on the supposition of powerful reversive action, but where were the symptoms during life? Throughout the small intestines I found ten invaginations, many of which included from two to three inches of intestine, which was inflamed at the invaginated parts. None of these appeared to be strangulated. The bowels were, generally, empty. Two of these invaginations were found in the duodenum, the remaining number in the rest of the small intestines. The verdict, which was arrived at, and in which I fully agreed, was, that the deceased died from the effects of lucifer matches. I consider that the phosphorus, which exists in them in a minutely-divided state, had attached itself to the mucous membrane of the stomach, and excited inflammation of that organ by virtue of its chemical action."

Cleveland (Ohio) Medical College.—We learn by the Herald that this institution is progressing in the most quiet, successful aad satisfactory manner. The class numbers sixty-five students. N. Worcester, M.D., has commenced there as Professor of Pathology and Physical Diagnosis.

To Correspondents.—Dr. Dixon's account of a new Speculum, with woodcut illustrations, Dr. Slack on Phrenology, Dr. Jackson's case of Poisoning by oxalic acid, and Dr. Brown's Case of Ulceration of the Sub-maxillary Gland, are on file for publication.

Married,—Sewall G. Burnap, M.D., of Holliston, Mass., to Miss E. S. Blanchard.—In Town Parish, Gloucester, Dr. Joseph S. Barber to Miss Betsy Tucker.—At Montreal, Wm. Southerland, M.D., to Miss C. S. Farquar.—Dr. Edward Loomis, of Westmoreland, N. Y., to Miss E. M. Jennings.—At Worcester, Mass., Dr. Aaron P. Richardson, of Boston, to Miss Harriet M. Jones.—At New Hartford, John Yale, M.D., to Miss Mary A. Cummings.—Charles Robinson, M.D., of Belchertown, Mass., to Miss Sarah Adams.

Died,—At Cincinnati, Dr. Vincent C. Marshall, 50.—At Columbus, Ohio, Dr. Samuel Curtis, formerly of Vermont, 50.—At Rindge, N. H., A. D. Shurtleff, M.D., 54.

Number of deaths in Boston for the week ending Jan. 27, 51.—Males, 28—Females, 23. Stillborn, 6. Of consumption, 11—measles, 4—lung fever, 4—infantile, 4—scarlet fever, 1—complication of diseases, 1—influenza, 1—croup, 2—liver complaint, 1—scrofula, 4—spine complaint, 1—inflammation of the bowels, 2—inflammation of the lungs, 1—suicide, 1—dropsy on the brain, 2—abscess, 1—jaundice, 1—old age, 3—accidental, 1—tumor, 1—pleurisy fever, 1—disease of the heart, 1—cancer in the breast, 1—apoplexy, 1—fits, 1—unknown, 1.

Under 5 years, 21—between 5 and 20 years, 5—between 20 and 60 years, 18—over 60 years, 7.

Fair at the New York State Lunatic Asylum.—A Fair, as we learn by the Utica papers, was held at the Lunatic Asylum in that city on the 18th.

"The table was spread in the lower hall of the eastern wing, and extended about two thirds of its entire length, which is some 250 feet. Most of the patients' rooms on that floor were thrown open, and all the inmates of the Asylum who were in sufficient health, were permitted to mingle with the gay and busy throng from the outer world, which crowded the hall. Among those actively engaged in the management of the Fair, the distinguished female philanthropist, Miss Dix, who, in the prosecution of her benevolent labors, has been for some weeks a visiter at the Asylum, attracted much attention.

"This is the first thing of the sort, we presume, ever attempted within the walls of a Lunatic Asylum. We trust it may prove the source of as much benefit to the inmates as it was of pleasure to the visiters. The public are much indebted to the able Superintendent, Dr. Brigham, and the other officers of the institution, for arrangements and attentions which made the whole affair pass off in the most agreeable manner.

"We learn that a fund of about $200 has been realized from the Fair, which will be expended for books, musical instruments, &c. It was a source of much amusement to the patients, and its beneficial effects are strikingly apparent with some of them. We are further informed that some dozen of the patients are writing accounts of the Fair, but it is not known whether their productions are intended for 'the public eye.'"

Philadelphia Medical Society.—At the annual election of the Philadelphia Medical Society, held at their Hall, on Saturday the 6th instant, the following members were chosen officers for the ensuing year, viz.:

Prof. R. M. Huston, M.D., *President.* Benjamin H. Coates, M.D., and Prof. Samuel Jackson, M.D., *Vice Presidents.* John Wiltbank, M.D., *Treasurer.* Joseph Warrington, M.D., and Isaac Parrish, M.D., *Corresponding Secretaries.* John J. Reese, M.D., *Senior Recording Secretary.* D. Francis Condie, M.D., *Orator.* Nathan D. Benedict, M.D., *Librarian.* Aaron D. Chaloner, M.D., and Edward Lang, M.D., *Curators.*—*Med. Examiner.*

Removal of a large Ovarian Tumor.—Dr. Frederic Bird introduced, for the inspection of the London Medical Society, a large ovarian tumor, which he had recently removed with success from a young lady, aged 21. The tumor was of an ovoid shape, somewhat irregular at its inferior portion, covered by numerous minute arterial ramifications having their origin in two large trunks. The total weight of the tumor was 27 pounds. Not an untoward symptom occurred to retard the rapid convalescence of the patient; the ligatures have all come away, the wound has healed, and the recovery is complete.

In the discussion which ensued, the chief points dwelt upon were the difficulties of diagnosis in cases of abdominal tumors, and the relative advantages of the large and of the moderate sections in removing diseased ovaria. Cases were related to show that ovarian tumors might be mistaken for other abdominal swellings, and *vice versa.* It was generally considered that the large section was the easiest for the surgeon, but not the safest for the patient.—*London Lancet.*